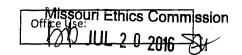


Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov



Statement of Committee Organization

1.	Statement Information		
	Date: 7/7/16	4400	0.0 and 5
	Type: New Amended (if amending, enter MEC ID C15	1182 & section	changed 2,3, and 5
2.	Committee Information		
	Go Mo		
	1736 E. Sunshine, Suite 600, Springfield, I	MO 65804	(816)606-5324
	• •	N/A but domiciled	d in Greene County
	Official Committee Email Address	County Clerk or Board of Election Commi	ssioners
	Committee Type: Campaign Candidate Continuing (PAC) Debt Service Ex	ploratory Political Party
3.	Treasurer/Deputy Treasurer Information		
	Marcus Leach		
	Treasurer's Name (First & Last)		040 000 5004
	1736 E. Sunshine, Suite 600, Springfield, MO 65804	()	(816) 606-5324
	Treasurer's Mailing Address, City, State, & Zip	Treasurer's Home Telephone Number	rreasurers work relephone Number
	Deputy Treasurer's Name (if one appointed)	Deputy Treasurer's Email Address (option	nal)
	$ x-x ^{2} \leq x-x ^{2} + x-x ^{2} + $.()	. ()
	Deputy Treasurer's Mailing Address, City, State, & Zip	Dep. Treasurer's Home Telephone Numb	er Dep. Treasurer's Work Telephone Number
4.	Additional Committee Information		
	N/A	to the second second	
	Additional Completee Office is fame State (iffany	Additional Committee Officer's Mailing Address, City, State, & Zip	
	AIVICINUIVICIVI		
	Connected Organization's Name (if any)	Connected Organization's Mailing Addres	ss, City, State, & Zip
_	CANDIDATES: Do you have more than one candidate committee	Yes (refer to instructions of	on back) No
5.	Official Bank Account Information (required by all committees)	,	
			- ^ ~
	<u> </u>	(1	<u> </u>
5.	Candidate Supported or Opposed (candidate committees must	include self, if candidate)	
	Name C Mailing Address City Chate C Time (Ca. Hides	()	()
	Name & Mailing Address, City, State & Zip of Candidate	Telephone Number (Candidate Committe	es Only)
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose
7.	Ballot Measure Supported or Opposed (campaign committees n	nust complete this section)	
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
3. Signature(s) Check certification(s) & sign (required by all committees)			
	🔳 I affirm and attest under penalty of perjury that information an		
further acknowledge that I am aware that any false statement or declaration made herein is punishable under C			unishable under Ch. 575 RSMo.
	MARUS LEACH		
	Committee Transveren: Bron. K.	Candidate (Candidate Committees Only)	

MO 300-1308 Packet (Rev. 11/2014)